





UTILITY PATENT APPLICATION TRANSMITTAL

Submit an original and a duplicate for fee processing (Only for new nonprovisional applications under 37 CFR 1.53(b))

| | ٨٢ | DDRESS TO: | Attorney Docket No. MBHB00-399 | | | | |
|---------------------------------------|----------|---|--|--|--|--|--|
| | AL | Assistant Commissioner for Patents | First Named Inventor Edward F. Bachner, III | | | | |
| | | Box Patent Application Washington, D.C. 20231 | Express Mail No. EL028731226US | | | | |
| | | 3 | Total Pages 51 | | | | |
| | | APPLICATION ELEMENTS | ACCOMPANYING APPLICATION PARTS | | | | |
| | 1. 2. | | Assignment Papers Power of Attorney | | | | |
| | 3. | abstract) [Total Pages 40] Drawings [Total Sheets 3] | 10. English Translation Document (if applicable) 11. Information Disclosure Statement (IDS) | | | | |
| İ | 4. | | PTO-1449 Form | | | | |
| .= : | | a. Newly executed b. Copy from prior application | Copies of IDS Citations 12. Preliminary Amendment | | | | |
| W. F. | | [Note Boxes 5 and 17 below] | 12. Preliminary Amendment13. Return Receipt Postcard | | | | |
| []1 | | i. Deletion of Inventor(s) Signed | (Should be specifically itemized) 14. Small Entity Statement(s) | | | | |
| IJ. | | statement attached deleting inventor(s) named in the prior application | ☐ Enclosed | | | | |
| ,4 ii | 5. | Incorporation by Reference: The entire disclosure of the prior application, from which a | Statement filed in prior application; | | | | |
| dim tim | | copy of the oath or declaration is supplied under | status still proper and desired 15. Certified Copy of Priority Document(s) | | | | |
| :\$: | | Box 4b, is considered as being part of the disclosure of the accompanying application and is | 16. Other: | | | | |
| | 6. | hereby incorporated by reference therein. Microfiche Computer Program | | | | | |
| D) | 7. | Nucleotide and/or Amino Acid Sequence | | | | | |
| a1 | | Submission | | | | | |
| == | | a. | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | c. Statement verifying above copies | | | | | |
| | 17. | . This is a CONTINUING APPLICATION. Ple | ease note the following: | | | | |
| | | a. This is a Continuation Divis of prior application | ional Continuation-in-part | | | | |
| | | b. | aimsof the prior application before calculating the | | | | |
| | | c. Amend the specification by inserting This is a continuation division of application Serial No. | | | | | |
| | | d. The prior application is assigned of | record to | | | | |

| CLAIMS NUMBER FILED NUMBER EXTRA RATE Total Claims 55 -20= 35 x\$18.00 \$ 630 Independent Claims 5 -3= 2 x\$78.00 \$ 156 Multiple Dependent Claims(s) if applicable +\$270.00 \$ Total of above calculations = \$ 1476 Reduction by 50% for filing by small entity = \$(738) Assignment fee if applicable +\$40.00 \$ 40 Reduction by 50% for filing by small entity = \$(738) Assignment fee if applicable +\$40.00 \$ 40 TOTAL = \$ 778 8. Please charge my Deposit Account No. 13-2490 in the amount of \$ 19. A check in the amount of \$778 is enclosed. 20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 13-2490: a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.18. 21. The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 13-2490 for any fee that may be due in connection with such a request for an extension of time. 22. CERTIFICATE OF MAILING I hereby certify that I directed that the correspondence identified above be deposited with United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR \$ 1.1 the date indicated below and is addressed to the Asst. Commissioner for Patents, Box P. Application, Washington, DC 20231. 23. USPTO CUSTOMER NUMBER **Name** McDonnell Boehnen Hulbert & Berghoff** Address** 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name** Richard A. Machonkin Reg. No. 41,962 | | | | APPI | LICATION FEES | | | | | |
|---|---|--|--|--|--|--------------------|--|--|-----------------------------------|--|
| Total Claims 55 - 20= 35 x \$18.00 \$ 630 Independent Claims 5 - 3= 2 x \$78.00 \$ 156 Multiple Dependent Claims(s) if applicable | BASIC FEE | | | | | | | \$ 69 | 90 | |
| Independent Claims 5 - 3= 2 x\$78.00 \$ 156 Multiple Dependent Claims(s) if applicable +\$270.00 \$ Total of above calculations = \$ 1476 Reduction by 50% for filing by small entity = \$ (738) Redu | | N | | FILED | | | | | | |
| Multiple Dependent Claims(s) if applicable | | | | | 3 | | | | | |
| Total of above calculations = \$ 1476 Reduction by 50% for filing by small entity = \$ (7738) | | | | | | 2 | | | 56 | |
| Reduction by 50% for filling by small entity = \$ (738) \$ \$ 40.00 \$ 40 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ | | | | | | | | | | |
| Assignment fee if applicable | | | | | | | | | | |
| TOTAL = \$ 778 18. Please charge my Deposit Account No. 13-2490 in the amount of \$ 19. A check in the amount of \$778 is enclosed. 20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 13-2490: a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 21. The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 13-2490 for any fee that may be due in connection with such a request for an extension of time. 22. CERTIFICATE OF MAILING 1 hereby certify that I directed that the correspondence identified above be deposited with United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR § 1.1 the date indicated below and is addressed to the Asst. Commissioner for Patents, Box Paplication, Washington, DC 20231. 23. USPTO CUSTOMER NUMBER PORTENT & IRRUTHARD CRITICAL 24. CORRESPONDENCE ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin 41,962 | | | | | | | | | | |
| 18. ☐ Please charge my Deposit Account No. 13-2490 in the amount of \$ 19. ☐ A check in the amount of \$778 is enclosed. 20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of to following types to Deposit Account No. 13-2490: a. ☐ Fees required under 37 CFR 1.16. b. ☐ Fees required under 37 CFR 1.17. c. ☐ Fees required under 37 CFR 1.18. 21. ☐ The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filled pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 13-2490 for any fee that may be due in connection with such a request for an extension of time. 22. CERTIFICATE OF MAILING I hereby certify that I directed that the correspondence identified above be deposited with United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR § 1.1 the date indicated below and is addressed to the Asst. Commissioner for Patents, Box P. Application, Washington, DC 20231. 23. USPTO CUSTOMER NUMBER PAITH E IRRUINMENT OF IRRUINMENT OF ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin 41,962 | X Assignment re | ее іт аррііса | ible | | | Ш_ | | • | | |
| 19. | 19 Dloose | obargo mi | Donocit | Account A | lo 12 2400 in the emo | int of | | \$ 71 | 78 | |
| 23. USPTO CUSTOMER NUMBER PATENT & TRADIT HARK OFFICE D20306 24. CORRESPONDENCE ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin 41,962 | a. | | | | | | | | | |
| PATENT & TRADE HARKY OFFICE #### D20306 24. CORRESPONDENCE ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin 41,962 | Deposit Account extension of time I hereby certify United States P | No. 13-249 that I dire | 0 for any ceted thatice as "E | fee that m 22. CERTI at the con express M | FICATE OF MAILING respondence identification of the control of the | n with | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| 24. CORRESPONDENCE ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Reg. No. Richard A. Machonkin 41,962 | Deposit Account extension of time I hereby certify United States P the date indicate | that I dire | 0 for any cected that ice as "E and is a DC 2023 | fee that m 22. CERTI at the con express M addressed 1. | FICATE OF MAILING rrespondence identification and to the Asst. Comm | ed ab | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| 24. CORRESPONDENCE ADDRESS Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin Reg. No. 41,962 | Deposit Account extension of time I hereby certify United States P the date indicate | that I dire | 0 for any cected that ice as "E and is a DC 2023 | fee that m 22. CERTI at the con express M addressed 1. 3. USPTO | FICATE OF MAILING respondence identification of the Asst. Commodus CUSTOMER NUMBER | ed ab | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| Name McDonnell Boehnen Hulbert & Berghoff Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Reg. No. Richard A. Machonkin 41,962 | Deposit Account extension of time I hereby certify United States P the date indicate | that I dire | 0 for any cected thatice as "E and is a DC 2023 | fee that m 22. CERTI at the con express M addressed 1. 3. USPTO | FICATE OF MAILING respondence identification of the Asst. Commodus CUSTOMER NUMBER | ed ab | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| Address 300 South Wacker Drive, Suite 3200 City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Richard A. Machonkin 41,962 | Deposit Account extension of time I hereby certify United States P the date indicate | that I dire | 0 for any 2 ected thatice as "E and is a DC 2023 23 | fee that m 22. CERTI at the con express M addressed 1. B. USPTO PATER | FICATE OF MAILING respondence identification of the Asst. Common CUSTOMER NUMBER TO TRADE HARK OFFICE | ed abdresse | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| City, State, Zip Chicago, Illinois 60606 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Reg. No. Richard A. Machonkin 41,962 | Deposit Account extension of time I hereby certify United States P the date indicat Application, Wa | that I dire ostal Servi ted below shington, I | 0 for any ceted thatice as "E and is a DC 2023 23 | 22. CERTI at the con express Maddressed 1. 3. USPTO | FICATE OF MAILING respondence identification of the Asst. Common CUSTOMER NUMBER OF THE TRADE HARK OF FICE O20306 | ed abdresse | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| 25. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name Reg. No. 41,962 | Deposit Account extension of time I hereby certify United States P the date indicated Application, Wa | that I directly ostal Servited below shington, I | o for any cected that ice as "E and is a DC 2023 23 | 22. CERTINATE THE CONTROL OF THE PARTER OF T | FICATE OF MAILING respondence identification of the Asst. Common o | ed abdresse | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| Name Richard A. Machonkin Reg. No. 41,962 | Deposit Account extension of time I hereby certify United States P the date indicat Application, Wa | that I dire ostal Servi ted below shington, I | 24. ell Boehn | CORRES FICATE OF MAILING respondence identification of the Asst. Common o | ed abdresse | y authorized to such a requestion pove be depered under 37 | o chargest for osited | ge an I with th § 1.10 c | |
| Reg. No. 41,962 | Deposit Account extension of time I hereby certify United States P the date indicat Application, Wa Name Address City, State, Zip | that I directly ostal Servited below shington, I | 24. ell Boehn Wacker Willinois 60 | CORRES en Hulbe Drive, Sui | FICATE OF MAILING respondence identification of the Asst. Communication of | ed abdresse ission | y authorized to such a requestion pove be depered under 37 ner for Pater | o chargest for osited 'CFR osited 'CFR | ge an I with th § 1.10 c | |
| Signatura | Deposit Account extension of time I hereby certify United States P the date indicat Application, Wa Name Address City, State, Zip | that I directly ostal Servited below shington, I McDonne 300 South Chicago, 25. SIGNAT | 24. Ell Boehn Wacker URE OF | CORRES en Hulbe Drive, Sui APPLICA | FICATE OF MAILING respondence identification of the Asst. Communication of | ed abdresse ission | y authorized to such a requestion pove be depered under 37 ner for Pater | o chargest for osited 'CFR osited 'CFR | ge an I with th § 1.10 c | |
| Date August 31, 2000 | Deposit Account extension of time I hereby certify United States P the date indicat Application, Wa Name Address City, State, Zip | that I directly ostal Servited below shington, I and South Chicago, South Richard A | 24. Ell Boehn Wacker URE OF | CORRES en Hulbe Drive, Sui APPLICA | FICATE OF MAILING respondence identification of the Asst. Communication of | ed abdresse ission | y authorized to such a requestion pove be depered under 37 ner for Pater | o chargest for osited 'CFR osited 'CFR | ge an I with th § 1.10 c | |